

## EXHIBIT C



APRIA HEALTHCARE

APRIA HEALTHCARE LLC.  
26220 ENTERPRISE COURT  
LAKE FOREST, CA 92630  
949 639-2000

Period Beginning: 01/25/2021  
Period Ending: 02/07/2021  
Pay Date: 02/12/2021

Filing Status: Single/Married filing separately  
Exemptions/Allowances:  
Federal: Standard Withholding Table

DIANA BABASYAN  
10366 ORMOND ST  
SUNLAND CA 91040

Social Security Number: [REDACTED]

Earnings	rate	hours	this period	year to date
Reg Regular	18.0600	80.00	1,444.80	4,189.92
Ot Overtime	27.0900	6.73	182.32	252.48
Hol Holiday				144.48
<b>Gross Pay</b>			<b>\$1,627.12</b>	<b>4,586.88</b>

Other Benefits and Information	this period	total to date
Sck Sick	96.42	
Tot Work Hours	86.73	241.32
Personal		13.18
Sick		96.42
Vac Accrued		6.17
Vacation		112.00
Employee Id		[REDACTED]
Pin		[REDACTED]

Deductions	Statutory		
	Federal Income Tax	-120.17	325.17
	Social Security Tax	-95.97	269.66
	Medicare Tax	-22.45	63.07
	CA State Income Tax	-40.51	104.81
	CA SUI/SDI Tax	-18.57	52.19

Other		
Dn1 Dental	-16.85*	50.55
Md1 Medical	-59.54*	178.62
Vs1 Vision	-2.77*	8.31

<b>Net Pay</b>	<b>\$1,250.29</b>
Cka Checking 1	-1,250.29
<b>Net Check</b>	<b>\$0.00</b>

**Additional Tax Withholding Information**

Taxable Marital Status:  
CA: Single  
Exemptions/Allowances:  
CA: 0

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$1,547.96

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Advice number: 00000065738  
Pay date: 02/12/2021

Deposited to the account of	account number	transit	ABA	amount
DIANA BABASYAN	[REDACTED]	XXXX	XXXX	\$1,250.29

THIS IS NOT A CHECK

**NON-NEGOTIABLE**

# Voucher History Detail by Provider

As Of: 3/11/2021

Voucher Date	Family ID	Child ID	Child Name	Program	Service Start	Service Stop	Payment Type	Rate Type	Care Time	Units	Rate	Prior Total	Current Month Total	YTD Total
<div><div>Provider: [REDACTED] Babasyan, Diana</div><div>Provider Type: [REDACTED]</div><div>Child Count: [REDACTED]</div><div>APID: [REDACTED]</div><div>Tax ID: [REDACTED]</div></div>														
<div><div>Batch No: [REDACTED] Voucher No: 3436705 Payee: Babasyan, Diana</div><div>Check Number:</div></div>														
11/20/20	[REDACTED]	[REDACTED]	[REDACTED]	CW2 CalWORKs	10/1/20	10/31/20	Regular	Weekly	Full	4.00	\$118.15	\$472.60	\$0.00	\$472.60
CW2 CalWORKs Stage 2 Subtotal												\$472.60	\$0.00	\$472.60
								Voucher	[REDACTED]	Subtotal		\$472.60	\$0.00	\$472.60
<div><div>Batch No: [REDACTED] Voucher No: 3452710 Payee: Babasyan, Diana</div><div>Check Number:</div></div>														
12/18/20	[REDACTED]	[REDACTED]	[REDACTED]	CW2 CalWORKs	11/1/20	11/30/20	Regular	Weekly	Full	4.20	\$118.15	\$496.23	\$0.00	\$496.23
CW2 CalWORKs Stage 2 Subtotal												\$496.23	\$0.00	\$496.23
								Voucher	[REDACTED]	Subtotal		\$496.23	\$0.00	\$496.23
<div><div>Batch No: [REDACTED] Voucher No: 3516564 Payee: Babasyan, Diana</div><div>Check Number:</div></div>														
1/22/21	[REDACTED]	[REDACTED]	[REDACTED]	CW2 CalWORKs	12/1/20	12/31/20	Regular	Weekly	Full	4.60	\$118.15	\$543.49	\$0.00	\$543.49
CW2 CalWORKs Stage 2 Subtotal												\$543.49	\$0.00	\$543.49
								Voucher	[REDACTED]	Subtotal		\$543.49	\$0.00	\$543.49
<div><div>Batch No: [REDACTED] Voucher No: 3564283 Payee: Babasyan, Diana</div><div>Check Number:</div></div>														
2/26/21	[REDACTED]	[REDACTED]	[REDACTED]	CW2 CalWORKs	1/1/21	1/31/21	Regular	Weekly	Full	3.80	\$118.15	\$448.97	\$0.00	\$448.97
CW2 CalWORKs Stage 2 Subtotal												\$448.97	\$0.00	\$448.97
								Voucher	[REDACTED]	Subtotal		\$448.97	\$0.00	\$448.97
								Provider	[REDACTED]	Subtotal		\$1,961.29	\$0.00	\$1,961.29
Total Children Served: 1 Service Date Range: 10/1/20 - 1/31/21 Report Total: \$1,961.29 \$0.00 \$1,961.29														